

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H76921 (6)**  
1. Corporation Name

**HOME EQUITY MORTGAGE ASSOCIATES, INC.**



Principal Place of Business: **7333 CORAL WAY MIAMI FL 33155 US**  
Mailing Address: **7333 CORAL WAY MIAMI FL 33155 US**

3. Date incorporated or Qualified: **09/19/1985**  
3a. Date of Last Report: **06/14/1995**  
4. FEI Number: **59-2760960**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible taxes under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 25, 26, 27, 28, 29, 30  
Suite, Apt #, etc.: 21, 22, 23, 24  
City & State: 25, 26, 27, 28, 29, 30  
Zip: 21, 22, 23, 24  
Country: 25, 26, 27, 28, 29, 30

g. Name and Address of Current Registered Agent  
**DAVIDE, ANA MARIA  
7333 CORAL WAY  
MIAMI FL 33155**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Ana Maria Davide* 6/10/96

(NOTE: Registered Agent's signature required when re-appointing)

| 12. OFFICERS AND DIRECTORS |                   | <input type="checkbox"/> DELETE |  |
|----------------------------|-------------------|---------------------------------|--|
| TITLE                      | PD                |                                 |  |
| NAME                       | DAVIDE, ANA MARIA |                                 |  |
| STREET ADDRESS             | 7333 CORAL WAY    |                                 |  |
| CITY-ST-ZIP                | MIAMI FL          |                                 |  |
| TITLE                      | T                 |                                 |  |
| NAME                       | DAVIDE, ANA M     |                                 |  |
| STREET ADDRESS             | 7333 CORAL WAY    |                                 |  |
| CITY-ST-ZIP                | MIAMI FL          |                                 |  |
| TITLE                      | S                 |                                 |  |
| NAME                       | DAVIDE, ANA MARIA |                                 |  |
| STREET ADDRESS             | 7333 CORAL WAY    |                                 |  |
| CITY-ST-ZIP                | MIAMI FL          |                                 |  |
| TITLE                      |                   | <input type="checkbox"/> DELETE |  |
| NAME                       |                   |                                 |  |
| STREET ADDRESS             |                   |                                 |  |
| CITY-ST-ZIP                |                   |                                 |  |
| TITLE                      |                   | <input type="checkbox"/> DELETE |  |
| NAME                       |                   |                                 |  |
| STREET ADDRESS             |                   |                                 |  |
| CITY-ST-ZIP                |                   |                                 |  |
| TITLE                      |                   | <input type="checkbox"/> DELETE |  |
| NAME                       |                   |                                 |  |
| STREET ADDRESS             |                   |                                 |  |
| CITY-ST-ZIP                |                   |                                 |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                   |
|---|--|---|-----------------------------------|
| 1.1 TITLE   |  |   |                                   |
| 1.2 NAME  |  |   |                                   |
| 1.3 STREET ADDRESS                                    |  |   |                                   |
| 1.4 CITY-ST-ZIP                                       |  |   |                                   |
| 2.1 TITLE   |  | <input type="checkbox"/> Change                                   | <input type="checkbox"/> Addition |
| 2.2 NAME  |  |   |                                   |
| 2.3 STREET ADDRESS                                    |  |   |                                   |
| 2.4 CITY-ST-ZIP                                       |  |   |                                   |
| 3.1 TITLE   |  | <input type="checkbox"/> Change                                   | <input type="checkbox"/> Addition |
| 3.2 NAME  |  |   |                                   |
| 3.3 STREET ADDRESS                                    |  |   |                                   |
| 3.4 CITY-ST-ZIP                                       |  |   |                                   |
| 4.1 TITLE   |  | <input type="checkbox"/> Change                                   | <input type="checkbox"/> Addition |
| 4.2 NAME  |  |   |                                   |
| 4.3 STREET ADDRESS                                    |  |   |                                   |
| 4.4 CITY-ST-ZIP                                       |  |   |                                   |
| 5.1 TITLE   |  | <input type="checkbox"/> Change                                   | <input type="checkbox"/> Addition |
| 5.2 NAME  |  |   |                                   |
| 5.3 STREET ADDRESS                                    |  |   |                                   |
| 5.4 CITY-ST-ZIP                                       |  |   |                                   |
| 6.1 TITLE   |  | <input type="checkbox"/> Change                                   | <input type="checkbox"/> Addition |
| 6.2 NAME  |  |   |                                   |
| 6.3 STREET ADDRESS                                    |  |   |                                   |
| 6.4 CITY-ST-ZIP                                       |  |   |                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ana Maria Davide*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96 6/10/96

CR2E034 (3/96)